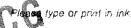


STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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A Public Document

NAME (LAST)	¡FIRST}	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Sweeney	Thomas	John	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	E OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Coul	rt	4. Schedule Sumn	narv
Name of Office, Agency, or Court:		➤ Total number of page	-
		including this cover p	page:4
Alpine County Board of Supervisors Division, Board, District, if applicable:		► Check applicable sche	adulas as "No sapartable
District 5		interests."	edures or No reportable
Your Position:		I have disclosed interest attached schedules:	sts on one or more of the
County Supervisor ► If filing for multiple positions, list		Schedule A-1 Yes Investments (Less than 10%	•
position(s): (Attach a separate Agency: See attached	sneet ir necessary.)	Schedule A-2	
Position:		Schedule B	- schedule attached
2. Jurisdiction of Office (c	Check at least one box)	· ·	— schedule attached as Positions (Income Other than Gifts
☐ State		Schedule D Yes	- schedule attached
X County of Alpine		Income – Gifts	- Scheddie attached
☐ City of	**************************************	Schedule E 🎇 Yes – schedule attached	
Multi-County		Income - Gifts - Travel Payments	
Other		_	or-
		No reportable intere	sts on any schedule
3. Type of Statement (Che	ck at least one box)) Coronalis IIII	· · · · · · · · · · · · · · · · · · ·
Assuming Office/Initial Dat	le:	5. Verification	
XI Annual: The period covered is through December 31, 2009.	January 1, 2009,	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best	
-o r -		i e	nation contained herein and in any
O The period covered is December 31, 2009.	through	attached schedules is true	·
Leaving Office Date Left:(Check one)	J		erjury under the laws of the State egoing is true and correct.
O The period covered is Januar date of leaving office.	ry 1, 2009, through the	Date Signed Marc	h 2, 2010
-O r -			(month day, year)
O The period covered is the date of leaving office.	/ through	Signature	signed statement with your fining official)
Candidata Flaction Vest	1		

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700 2009/2010

TOM SWEENEY

ALPINE COUNTY SUPERVISOR DISTRICT 5

Economic Development Advisory Committee Member



Great Basin Unified Air Pollution Control Board Board Member

- *RCRC (Regional Council of Rural Counties Board of Directors
- *CRHMFA Homebuyers Fund Delegate
- *Environmental Services Joint Powers Authority Delegate
- *California Rural Home Mortgage Finance Corp. Delegate

Local Agency Formation Commission Alternate Commissioner

Mountain Valley EMS Agency Alternate Board Member

Sierra Nevada Conservancy – Eastern Sierra Sub-region Alternate Board Member

FPPC

^{*}This is one filing. RCRC is not considered a governmental agency for FPPC purposes.

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Thomas J	. Sween	e.y

▶ 1. INCOME RECEIVED A COMPANY OF THE PROPERTY OF THE PROPER	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Great Basin Unified Air Pollution	NAME OF SOURCE OF INCOME
Control District Board ADDRESS (Business Address Acceptable) 157 Short Street, Bishop CA 93519	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Air Pollution Control District YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Governing Board Member	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
X \$500 - \$1,000	\$500 - \$1,000
S\$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ ©VER \$166,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Saiary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Lcan repayment	Coan repayment
Sale of(Property_car, boat_etc.)	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
X Other Perdiem	☐ Olher
(Describe)	(Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	tin kirken nik i 🐔 sa na parakanan pagabangaran na na sa sa tangga
* You are not required to report loans from commercial lof a retail installment or credit card transaction, made available to members of the public without regard to you not in a lender's regular course of business must be detailed.	our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
AODRESS (Business Address Acceptable)	%
•	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personar residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet accress
\$500 - \$1,000	
\$1,001 - \$10,000	Sity
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
0.45% 4100,000	Oliner
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	A FORM 700 PRACTICES COMMISSION
Name	
Thomas J.	. Sweeney

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	NAME OF SOURCE
Regional Council of Rural Counties	<u>California State Associaion of Counties</u>
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650	1100 K Street, Suite 101
CITY AND STATE Sacramento CA 95814	CITY AND STATE Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BBS//ES/// / / / / / / SOS//GE	South Estation 1, 1 7, 11, 11, 11, 11, 11, 11, 11, 11,
DATE(S): 01,01,09 12,31,09 AMT: \$614.69	DATE(S): 01 ,01 ,09 _ 12 ,31 ,09 AMT: \$ 0
TYPE OF PAYMENT: (must check one) 🔲 Gift 🛛 Income	TYPE OF PAYMENT: (must check one) Gift X Income
DESCRIPTION: Meals, expense reimbursements	DESCRIPTION: No income or gifts were received
and expenses paid by RCRC for Superviso	
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):/
TYPE OF PAYMENT (must check one) Gfft Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	